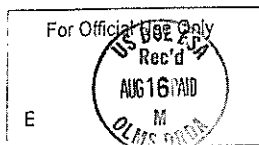


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7570</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Donald L. Alsmann</u> P.O. Box, Bldg., Room No., if any Street <u>2002 Fox Creek Rd.</u> City <u>Bloomington</u> State <u>Illinois</u> ZIP Code + 4 <u>61701</u>	4. Name, file number, and address of labor organization. Name <u>Carpenters Local #63</u> Labor Organization File Number <u>015627</u> P.O. Box, Building and Room Number, if any Street <u>2002 Fox Creek Rd</u> City <u>Bloomington</u> State <u>Illinois</u> ZIP Code + 4 <u>61701</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Donald L. Alsmann

On Aug 10 2005 309 828-0081
Date Telephone Number

CENTRAL ILLINOIS CARPENTERS

Health and Welfare Trust Fund

July 18, 2005

Mr. Don Alzman
Carpenters Local 63
2002 Fox Creek Road
Bloomington, IL 61701

RE: LM-30 Reporting Form - Revised

Dear Don:

Please find enclosed, revised expense information for the calendar year ending December 31, 2004, for use in filing your LM-30 as follows:

International Foundation Meeting in Orlando, Florida
February 23-26, 2004
Total Charges: \$2,617.92
Returned: \$366.35

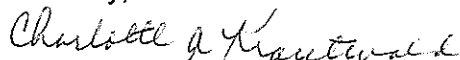
International Foundation Annual Conference in Hawaii for 2005
Registration Fee & Hotel Deposit sent 9/21/2004
\$1,605.00

The Federal Labor-Management Reporting and Disclosure Act requires that Union Officers and Employees submit a report known as an LM-30 to the Department of Labor's Office of Labor-Management Standards. The LM-30 must be submitted for each year in which a Union Officer or Employee has received anything valued in excess of \$25.00 from those with whom the Union does business. This would also include items valued at more than \$25.00 given to a union Officer/Employee in his/her capacity as a Trustee on one of the Union's Taft-Hartley Funds.

Generally, reports must be filed by or before March 31st of the following year. The Department of Labor, however, has agreed to an **August 15, 2005**, filing extension for the year of 2004.

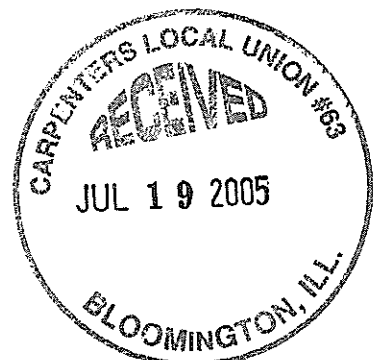
If you have any questions or need additional information, please feel free to contact me.

Sincerely,



Charlotte A. Krautwald
Administrative Manager

CAK:kt
Enc.



Expense Voucher

Name: Don Alzman Address: 2006 Orme Dr, Bloomington, IL 61704

Nature of Meeting: International Foundation of Employee Benefits
Trustee's Conference

Location: Orlando, FL Date(s): February 23-26, 2004

Day	Sat	Sun	Mon	Tue	Wed	Thu	Total
Date	2/21	2/22	2/23	2/24	2/25	2/26	
Breakfast	9.50	11.20	10.40	9.50	10.65	12.60	\$ 63.85
Lunch	14.50	13.75	7.00	7.00	9.00	11.45	\$ 62.70
Dinner	18.47	15.65	12.79	18.92	23.50	22.16	\$ 111.49
Lodging (- \$350.00 deposit)	54.87				624.53	59.62	\$ 739.02
Airfare							
Car Expense (37.5 per mile)							\$ 750.00
Beverages	15.00	12.00	18.00	10.00	9.00	11.00	\$ 75.00
Tips	10.00	15.00	9.00	9.00	11.00	12.00	\$ 66.00
Misc. expenses	5	7.00	4.00	5.80	4.21	7.50	\$ 33.51
TOTAL	\$ 127.34	\$ 74.60	\$ 61.19	\$ 60.22	\$ 691.89	\$ 136.33	\$ 1,901.57
Less amount received in advance							\$ 2,267.92
Amount owed							\$ (366.35)

Receipt attached for any single item of \$25.00 or more.

Number of days spent on this activity (including travel days):

6

I hereby certify that the expenses detailed on this voucher are the proper and actual expenses which I incurred in connection with the activity noted above.

Signature

Donald L Alzman

Date

April 9th 2004

Episode 174 "Redecorating the Mertzes Apartment"

DONALD L. ALSMAN
LINDA ALSMAN

70-2437711

4373

EIC: A425-1924-6139 A425-6305-5968
2005 ORME DR. RH. 666-2767
BLOOMINGTON, IL 61704-2304

Date: 8/9/04

Pay to the Order of Central Illinois Carpenter Health Welfare \$ 366.35

Three hundred sixty six and 35/100 Dollars

FIRST STATE BANK
OF BLOOMINGTON
204 NORTH PROSPECT ROAD
BLOOMINGTON, IL 61704
(309) 662-0411

For number

Linda Alsmann

⑆071124371⑆ ⑈247 308⑈ 4373

CENTRAL ILLINOIS CARPENTERS

Health and Welfare Trust Fund

February 11, 2004

Mr. Don Alsman
Carpenters Local 63
2002 Fox Creek Road
Bloomington, IL 61701

Re: Travel Expense Check

Dear Don:

Enclosed is your advance check for the International Foundation of Employee Benefit Plans conference in Orlando, Florida, February 22 - 26, 2004.

The breakdown is as follows:

Hotel - 4 nights @ \$218.00 + 11% tax	\$ 967.92
Hotel advance deposit	(350.00)
Transportation Approximately - 2000 mil x .375	750.00
Travel expense - 6 days @ \$150.00	<u>900.00</u>
Check Amount	\$2,267.92

Have a safe trip, and please remit an expense voucher within 60 days of your return from the conference.

Very truly yours,



Charlotte A. Krautwald
Administrative Manager
CAK/jmk

Encs: Check #14278
Travel Expense Voucher
Travel Expense Guidelines



CENTRAL ILLINOIS CARPENTERS
Health and Welfare Trust Fund
 200 SOUTH MADIGAN DRIVE
 LINCOLN, IL. 62656

DATE	INVOICE	AMOUNT

14278

70-2189
 719

PAY *Two Thousand Two Hundred Sixty Seven and 92/100* DOLLARS

DATE	TO THE ORDER OF	GROSS AMOUNT	DESCRIPTION	NET AMOUNT
<i>2/11/84</i>	<i>Ronald Alsmen</i>	<i>2267.92</i>	<i>IEEE BP Conf - Orlando</i>	<i>2267.92</i>

408866C-11-00

NATIONAL CITY BANK OF MICHIGAN, ILLINOIS
 SPRINGFIELD, ILLINOIS

James Lally
Jim Heni

⑈064278⑈ ⑆076926896⑆ 0060097364⑈

FOR SECURITY PURPOSES THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND, VOID PANTOGRAPH AND MICRO PRINTING IN THE SIGNATURE LINES. THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN AR.

**CENTRAL ILLINOIS CARPENTERS
HEALTH AND WELFARE TRUST FUND**

200 S. MADIGAN DR
LINCOLN, IL 62656

IFEBP

One Thousand Six Hundred Five and 00/100 *****

IFEBP
PO Box 68-9954
Milwaukee, WI 53268-9954

Hawaii Annual 2005 - Alzman

National City
www.nationalcity.com
National City Bank of Michigan/Illinois
Springfield, Illinois

70-2189
719 101

9/21/2004

**1,605.00

James C. Lilly
John H. Hui

AUTHORIZED SIGNATURES

⑈015513⑈ ⑆071921891⑆ 0010097314⑈

15513

CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE TRUST FUND

IFEBP

Hawaii Annual Conference - Don Alzman

9/21/2004

15513
1,605.00

PLEASE NOTE: Registrations WILL NOT be accepted until 12:00 noon (CDT) on September 17, 2004.

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS 51st Annual Employee Benefits Conference

November 13-16, 2005

Hawaii Convention Center • Honolulu, Hawaii

CODE: 5011

EVENT NO. 0501

Org. No. 06831062 Fund/Firm Represented Central Illinois Carpenters Health & Welfare
Ind. No. 399045 Attendee Name Donald Alzman Trust Fund

Name for Badge (if different) _____ Badge Title Trustee

Phone No. (309) 828-0081 Fax No. _____

☐ Please update record. This is a new address. E-Mail _____

Attendee Mailing Address: ☐ Home ☐ Office ☐ c/o Fund Address

Mailing Address 2002 Fox Creek Road

City and State Bloomington, IL 61701 ZIP Code 61701

Prepared by Charlotte Krautwald Phone No. 217-732-1919 Fax No. 217-732-7799

E-Mail: ck@cichealth.org

Until 9/30/05 After 9/30/05

CONFERENCE REG. FEE Monday-Wednesday, November 14-16

Member ☒ \$960 ☐ \$1,035
☐ Send book with speakers' presentations plus CD-ROM with session outlines ☐ \$ 25

PRECONFERENCE REGISTRATION FEE (Topics to be announced)

One-Day Workshops (Saturday OR Sunday) ☒ \$295 ☐ \$ 320
Two-Day Workshops (Saturday AND Sunday) ☐ \$590 ☐ \$ 640

TWO-DAY WORKSHOPS Saturday AND Sunday, November 12-13

PC15/16 Fundamentals for New Trustees ☐ \$590 ☐ \$ 640
PC51/52 Preretirement Planning Workshop ☐ \$590 ☐ \$ 640
PC55/56 Spouse registration (personal check/credit card) ☐ \$ 55 ☐ \$ 55
Name _____

TRUSTEES MASTERS PROGRAM® Saturday AND Sunday, November 12-13

05D2 Trustees Masters Program® Limited to 75 Attendees ☐ \$795 ☐ \$ 845
For senior-level trustees: five years of service and attendance at two or more International Foundation programs.

CONTINUING PROFESSIONAL EDUCATION CREDIT ☐ \$ 25

HONOLULU HOTEL REQUEST/DEPOSIT Reservation deadline is October 12, 2005. ☒ \$ 350

Arrival Date 11/11/05 Departure Date 11/19/05 2 # of Adults # of Children

Choices 1st 2nd 3rd 4th 5th
Hotel Code # 1 3 4 8
Preferred Rate no preference
Other requests _____

☒ Smoke Free? ☐ No ☐ Yes
☒ Special Assistance? ☐ No ☐ Yes

Best available rate/hotel will be assigned.

PAYMENT TOTAL \$1,605.00

PAYMENT MUST ACCOMPANY FORM OR REGISTRATION WILL BE RETURNED.

☐ AMEX ☐ MasterCard ☐ VISA ☒ Check # 15513 \$1,605.00 enclosed.

Card No. _____ Exp. Date _____

Cardholder's Name _____

☐ Charge hotel deposit only to credit card. Check enclosed for registration fee.

CONTINUING PROFESSIONAL EDUCATION CREDIT

(\$25 service charge due at time of registration)

The International Foundation applies for continuing education credit for insurance agents, accountants, attorneys and enrolled actuaries. Direct inquiries to (262) 786-6710, ext. 8501.

Indicate profession for which you request credit:

☐ Attorney in the state of _____
☐ CPA in the state of _____
☐ Actuary
☐ Other _____
☐ I hold a resident insurance license in the state of _____ and understand pre-approval requirements may need to be met.

License/Bar/CPA # _____

Credit due date (month/day/year)

____/____/____

HOW TO REGISTER

Mail the registration form with check or credit card number.

OR

Fax your registration with credit card number: (262) 786-8650.

OR

Register online at www.ifebp.org.

OR

For information, call toll free (888) 33-IFEBP, option 2, or (262) 786-6710, ext. 8257.

PAY TO:

"International Foundation-Conference"
P.O. Box 68-9954, Milwaukee, WI 53268-9954

NOTE: Administrative fee is DOUBLED for registrations canceled within 30 days of meeting.